

**Department of Highway Safety and Motor Vehicles
Consumer Appeal Form**

Name _____

Address _____

Home Phone () _____ Work Phone () _____ Ext. _____

Reason for your contact with our department (check all that apply):

- ☐ Driver License
- ☐ Motor Vehicle /Vessel Registration
- ☐ Motor Vehicle / Vessel Title
- ☐ IRP / IFTA Commercial Vehicle Registration
- ☐ Mobile Home
- ☐ Motor Vehicle Dealer
- ☐ Other _____

Have you already contacted someone in our agency? ☐ Yes ☐ No

If yes,

Name _____ Location _____

Date of last contact _____

What is your issue? _____

What would resolve it? _____

Signature _____ DATE _____

Please return this form to:

Consumer Advocate
Kirkman Building, MS 07
2900 Apalachee Parkway
Tallahassee, Florida 32399-0508
(850)410-3630